



PATENT  
Attorney Docket No.: 62705.000002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: )  
Daniel MEILHON ) Group Art Unit: 1773  
Serial No.: 09/601,283 ) Examiner: Vivian Chen  
Filed: September 15, 2000 )

For: FILM FOR WRAPPING OBJECTS

**RESPONSE TO NON-COMPLIANT AMENDMENT MAILED APRIL 5, 2004**

**Mail Stop Non-Fee Amendment**

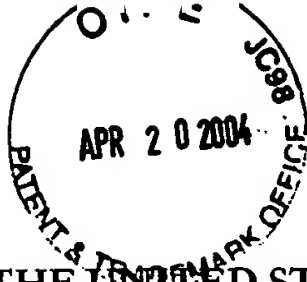
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant Amendment, mailed April 5, 2004, Applicant respectfully requests entry of the following amendments as set forth below:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 8 of this paper.



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**TRANSMITTAL LETTER**

**Mail Stop Non-Fee Amendment**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

The following are enclosed for consideration in the above-identified application:

	FEE
<input type="checkbox"/> Response to Notice to File Missing Parts	\$
<input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment mailed April 5, 2004	\$
<input type="checkbox"/> Declaration: <input type="checkbox"/> Original; <input type="checkbox"/> Supplemental	\$
<input type="checkbox"/> Submission of Formal Drawings	\$
<input type="checkbox"/> Informal Drawings: ____ Sheets ____ Figures	\$
<input type="checkbox"/> Information Disclosure Statement	\$
<input type="checkbox"/> Amendment: <input type="checkbox"/> Preliminary; <input type="checkbox"/> § 116; <input type="checkbox"/> § 312; <input type="checkbox"/> Other	\$
<input type="checkbox"/> Petition for <input type="checkbox"/> -Month Extension of Time	\$
<input type="checkbox"/> Issue Fee: <input type="checkbox"/> Part B - Issue Fee Transmittal <input type="checkbox"/> Part C - Charge to Deposit Account	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Appeal Brief	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Reply Brief	\$
<input type="checkbox"/> Other:	\$
<input type="checkbox"/> An additional claim fee is required, and is calculated as shown below	\$
<b>TOTAL FEES BEING SUBMITTED</b>	<b>\$</b>

	Claims Remaining	Claims Paid For	Extra	Rate	Fee
Total Claims			0	x \$18.00	\$ .00
Independent Claims			0	x \$86.00	\$
Multiple Dependent Claims (if applicable)				\$	\$
<b>TOTAL EXCESS CLAIMS FEE</b>					\$ .00
SMALL ENTITY TOTAL (if applicable)					\$ .00

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and § 1.17 associated with this communication or credit any overpayment to the deposit account of Hunton & Williams, Deposit Account Number 50-0206.

Respectfully submitted,

Dated: April 20, 2004

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RMS/DHM/cbt